

P 126 956 248


# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to <i>Philip Hunt Chemical Corp</i>	
Street and No. <i>Wellington Rd.</i>	
P.O., State and ZIP Code <i>Lincoln, RI 01106</i>	
Postage	<i>6</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
<div data-bbox="319 1171 706 1337"></div> <div data-bbox="229 1330 488 1390">SEMS DocID</div> <div data-bbox="590 1351 797 1414">639873</div>	
Postmark or Date <i>4-25 HUNT</i>	
<div data-bbox="235 1509 797 1591">Site: <i>Danvers, MA</i></div> <div data-bbox="235 1591 609 1661">Break: <i>11.9</i></div> <div data-bbox="235 1661 716 1732">Other: <i>639873</i></div>	

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article. **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

- **SENDER:** Complete items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space on reverse.

**(CONSULT POSTMASTER FOR FEES)**

1. The following service is requested (check one).

☐ Show to whom and date delivered .....☐ Show to whom, date, and address of delivery .....

- 2.
- ☐
- RESTRICTED DELIVERY**
- .....

(The restricted delivery fee is charged in addition to the return receipt fee.)

**TOTAL \$** .....

- 3.
- ARTICLE ADDRESSED TO:**

Philip Hunt  
Chemical Corp.  
1 Wellington Rd.  
Lincoln RI Mr. Blumquist

- 4.
- TYPE OF SERVICE:**

☐ REGISTERED☐ INSURED☒ CERTIFIED☐ COD☐ EXPRESS MAIL**ARTICLE NUMBER**

P. 126956248

**(Always obtain signature of addressee or agent)**

I have received the article described above.

**SIGNATURE**☐ Addressee☒ Authorized agent

- 5.

**DATE OF DELIVERY****POSTMARK**

(may be on reverse side)

- 6.
- ADDRESSEE'S ADDRESS**
- (Only if requested)

- 7.
- UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**

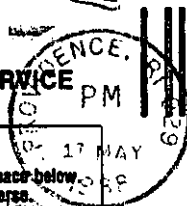
RETURN RECEIPT

UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested"
- adjacent to number.



PENALTY FOR PRIVATE  
USE, \$300

RETURN  
TO



HSV-5

Rosina R Toscano  
U.S. EPA (Name of Sender)  
JFK Federal Building  
(Street or P.O. Box)  
Boston, MA 02203  
(City, State, and ZIP Code)